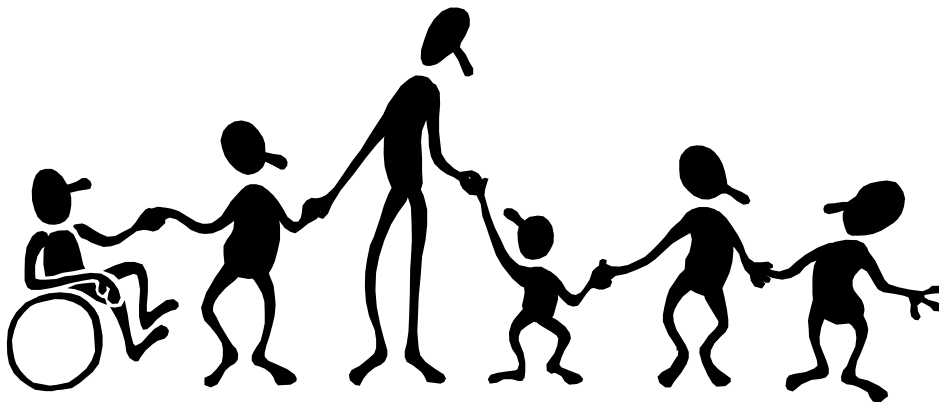

Unit 2: Characteristics of children with special needs

Overview

Unit 2 teaches drivers basic characteristics of children with special needs, focusing on implications for the bus ride.

Special concerns when transporting medically fragile children and very young children with disabilities are also addressed.



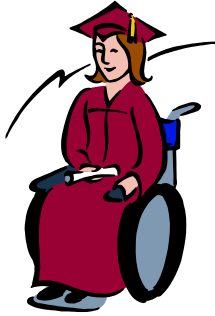
Unit 2 Framework

Core Content Outline 2.1. Unit 2 introduction 2.2. Attention deficit disorder 2.3. Autism 2.4. Hearing and visual impairments 2.5. Emotional disturbance 2.6. Intellectual disability 2.7. Multiple disabilities 2.8. Specific learning disability 2.9. Speech or language impairment 2.10. Traumatic brain injury 2.11. Orthopedic impairment 2.12. Other health impairments 2.13. Children who are medically fragile 2.14. Preschoolers with special needs 2.15. Unit 2 review	Objectives By the conclusion of this unit, drivers will be able to: 1. Explain the importance of treating each disabled child as an individual. 2. Describe the basic characteristics of each disability. 3. Identify special challenges presented by each type of disability during the bus ride. 4. Describe at least one strategy to safely transport each type of child.
Suggested Time 60 minutes	Preparation 1. Read Best Practice Backgrounders for each category of special needs child covered in this unit 2. Overhead projector, screen, and transparencies in place

UNIT 2.1
CORE CONTENT
Unit 2 introduction

**BEST PRACTICE
BACKGROUND**

Most people can recall a time when they made an unfounded assumption about how someone with a disability was going to



behave, realizing only later that our preconceived idea was not completely accurate. No matter whom we're dealing with, sometimes our expectations about people are born out, and other times we're surprised to find out how different an individual is from the stereotype we based our expectations on.

Beware stereotypes.

Stereotypes are based on gross generalizations about people, sometimes accurate, sometimes not. Basing our interaction with children on stereotypes can limit our ability to predict behavior. For instance, drivers sometimes choose a route with deaf and hearing-impaired students because they anticipate a "quiet" route. After just one day this misconception is usually revised. Because these students do not have adequate auditory feedback, they can easily be the loudest group of students to require services.

Many other misconceptions about children with disabilities exist. For instance, children with autism are sometimes seen as intellectually limited, while many are anything but. Similarly, children with physical

disabilities are frequently treated as though they're helpless and weak, while many are strong and physically capable in many situations.

Children with disabilities are individuals. It is important for drivers and aides to learn the characteristics of the disabilities of the students they serve. However, it's equally important not to stereotype children with special needs. They are children first, and disabled second.

This unit provides drivers and aides with descriptions of students with disabilities and explains how their characteristics can impact the bus ride to and

from school. Regardless of the nature of the disability, the most important consideration for a driver is ensuring a safe ride and relating to children in a manner that minimizes problem behaviors.

It's important that drivers and bus aides find out what works best for the students on their own bus. Understanding the characteristics of different disabilities and how to anticipate and manage potential bus problems is a must.

Instructional Strategies

Discussion questions

- ✓ *What's the difference between a characteristic and a stereotype?*
- ✓ *Have you known someone who didn't fit "their" stereotype?*
- ✓ *Have you ever been treated as a stereotype instead of as an individual?*
- ✓ *How can stereotypes limit our ability to predict children's behavior?*

Overhead transparencies

- ✓ *Overhead 2-1: "Characteristics of Children with Special Needs"*

Workbook

- ✎ 2.1

BEST PRACTICE BACKGROUND

Characteristics. Children with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD) may exhibit some or all of the following characteristics:

- Short attention span – difficulty focusing
- Poor memory
- Disorganization
- Poor impulse control
- Restlessness
- Incessant talking
- Incessant activity

Note: Under IDEA, ADD and ADHD are not considered separate disability categories but are included under “Other Health Impairments.”

Challenges for the bus ride.

Children with attention deficit hyperactivity disorder can be a challenge on a school bus. Typical problems include:

- Inability to stay seated – may move impulsively around the bus.
- Difficulty following directions for a protracted period of time – when told to sit down, for instance, a child with ADD or ADHD may briefly do so but then quickly begin moving from seat to seat again.
- Dangerous behavior getting on or off the bus – for instance, impulsively running across the road, away from school staff, or back to the bus as it leaves the stop, are all possibilities to be aware of.
- Stimulating other students – the high activity and energy level of children with

attention deficit disorder can “raise the temperature” on a bus, getting other children stirred up.

- A child’s medication may not have taken effect by the time he or she is picked up in the morning, or may have worn off by the time the bus comes to take the child home in the afternoon.
- High noise level may create frustrating or unsafe conditions on the bus.
- Because ADD and ADHD children look “normal,” sometimes it’s harder to remember it’s a real disability and not just “bad behavior.”

Strategies.

- Clear and simple directions work best with children with attention deficit disorder.
- Repetition and consistency is important when working with ADD children - they may not retain directions for

UNIT 2.2 CORE CONTENT *Attention deficit disorder*

a significant period of time.

- Keeping children with ADD physically separated from other challenging children on the bus can minimize the over-stimulation effect and keep the situation manageable.
- Assigned seats are a good idea for children with ADD or ADHD.
- Activities and distractions (music, electronic games, drawing, etc.) may keep children with ADD or ADHD occupied during the bus ride.
- Worsening behavior should be reported to the Supervisor or the school at once – it could indicate a serious problem.

Instructional Strategies

Discussion questions

- ✓ *What strategies are most effective when transporting children with attention deficit disorder?*

Overhead transparencies

- ✓ *Overhead 2-2: “Attention Deficit Disorder”*

Workbook

- ✎ *2-2*

UNIT 2.3
CORE CONTENT
Autism

**BEST PRACTICE
BACKGROUND**

Characteristics. Autism is a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, adversely affecting a child's educational performance. Children with autism may exhibit any of the following characteristics:

- Obsessively repetitive activities and stereotyped movements – for instance, a child with autism may rock back and forth repeatedly, or exhibit rhythmic head and foot movements.
- Children with autism can be self-abusive – banging their heads, slapping, pinching, poking, or biting themselves.
- Unusual responses to sensory inputs – for instance, an exaggerated response to sound.
- Children with autism exhibit a wide range of intellectual and behavioral differences.
- Some students with autism are extremely withdrawn and do not communicate at all; others communicate in a bizarre or meaningless manner.
- Some children with autism may exhibit periodic emotional outbursts.
- Some children with autism are hyperactive, while some exhibit lethargy.
- May exhibit abnormal or responses to objects, for instance exaggerated fears.

Challenges for the bus ride.

- Children with autism are often sensitive or resistant to

a change in daily routines. For instance, a different bus, substitute driver, or change in the route can have a strong effect on a child with autism.

- In sudden emergencies such as a bus fire, a child with autism may actually resist evacuating from the bus.



Strategies. It is essential for drivers and aides to consciously ignore behaviors that don't jeopardize safety. An established daily routine can minimize inappropriate behaviors.

- When safety is jeopardized and intervention is required, simple one or two word directions are usually most effective in correcting dangerous behavior. Use a quiet, gentle, firm voice.
- Do not provide complex choices to children with autism; it can upset them.
- A small object to hold - for

instance a shoestring, rubber band, favorite piece of cloth, small toy or stuffed animal - sometimes calms children with autism. Some enjoy using a calculator. Distracting the student is often the most successful form of intervention.

- "Storyboards" identifying key locations along the bus route can sometimes calm the fears of a child with autism, especially when a change has occurred.
- Some children with autism use a keyboard communication device.
- If drivers know they will be off the next day, they should let school and the child's parents know the day before.
- A well thought out evacuation plan is essential.
- When severe behavior problems occur, drivers must pull the bus over in a safe location.

Instructional Strategies

Discussion questions

- ✓ *What's the best way to communicate with autistic children?*

Overhead transparencies

- ✓ *Overhead 2-3: "Autism"*

Workbook

- ✎ *2-3*

BEST PRACTICE BACKGROUND

Characteristics. Deafness means a hearing impairment so severe the child's ability to process linguistic information through hearing with or without amplification is so limited educational performance is affected. Not all students with deafness communicate in the same manner. Some use sign language; some lip-read, and others combine the two.

Hearing impairment is hearing loss, permanent or fluctuating, adversely affecting educational performance, but not severe as deafness.

Deaf-blindness is simultaneous hearing and visual impairment, the combination of which causes severe communication and other developmental or educational needs that cannot be accommodated in special education programs solely for children with deafness or children with blindness.

Visual impairment including blindness means impairment in vision severe enough to adversely affect educational performance, even when corrected. The term includes both partial sight and blindness.

Challenges for the bus ride. Communication between driver and child reduces behavior problems. Staff should not assume students with deafness will be quiet on the bus. Due to a lack of auditory feedback, this population may be noisier than hearing children. Effective student management is essential. Students with hearing and visual impairments can become disoriented in an emergency.

Strategies. Consistent seating, communication, and student management is important.

- The degree of intervention needed with students with visual impairments varies depending on their ability to function independently. Qualified personnel must assess each child to determine the level of assistance needed. Some students require extensive help to be seated, while others need little or none. Verbal communication must compensate for what children can't see. Instructions should be friendly and direct.
- If a child's primary mode of communication is sign language, learning basic signs and finger spelling is helpful. With older children, paper and pencil can be a useful communication tool.
- Drivers need to be aware that many children with

UNIT 2.4 CORE CONTENT

Hearing and visual impairments

deafness are fully capable of functioning on their own. "Deaf culture" emphasizes pride and independence, and deaf people may take offense at even well meaning efforts to provide assistance when it's not really needed.

- Students with deaf-blindness depend on daily routine and can be upset by small changes. Communication must be by touch. Signing into the student's hand, patting the shoulder to reassure, holding the arm to guide or direct are just a few examples. A firm touch communicates urgency, while a gentle approach implies a relaxed situation.

Instructional Strategies

Discussion questions

- ✓ *Why is a daily routine important when working with students who are visually impaired?*

Overhead transparencies

- ✓ *Overhead 2-4: "Hearing Impairments, Visual Impairments"*

Workbook

- ✍ 2-4

Additional resources

- ✓ *"See What I'm Saying: a School Bus Driver's Guide to Transporting Deaf Children," Rick Mangan - available from PTSI.*

BEST PRACTICE BACKGROUND

Characteristics. Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, that adversely affects a child's educational performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems.
- The term includes schizophrenia.

Challenges for the bus ride.

Transporting students with emotional disturbance can be a challenge. Problems during the bus ride can include the following:

- Failure to stay seated
- Name calling and cursing
- Hitting and fighting
- Spitting
- Screaming
- Threatening and harassment of other students or bus staff
- Inappropriately exiting the bus – jumping out emergency door, etc.

Strategies. When children with emotional disturbance act out,

drivers and aides must avoid “taking it personally” or getting trapped in a “conflict spiral” in which adult anger and frustration fuels ever worsening behavior by the child. (Note: Unit 5 explores behavior management strategies for children with emotional disturbance in greater depth.)

- Use their names, learn their interests, show them respect, honesty, caring and trust. Be a professional and maintain a positive attitude.
- Don't threaten or try to intimidate.
- Give children responsibilities they can handle.
- Establish key safety rules, communicate them clearly along with the consequences of not following

UNIT 2.5 CORE CONTENT *Emotional disturbance*

them, and enforce them fairly and consistently.

- Learn students' non-verbal cues to anticipate a potential incident. Defuse problems before they escalate to another level.
- A structured daily routine coordinated with the student's classroom program helps maintain positive behavior on the bus.

Nothing replaces a positive and respectful relationship between the driver, aide, and student.

Instructional Strategies

Discussion questions

- ✓ *Why is it difficult to avoid “taking it personally” when working with children who are emotionally disturbed?*
- ✓ *How can drivers avoid getting drawn into a “conflict spiral” with children who are emotionally disturbed?*

Overhead transparencies

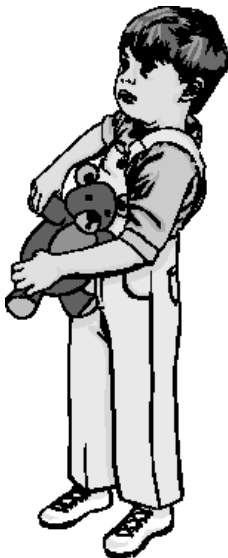
- ✓ *Overhead 2-5: “Emotional Disturbance”*

Workbook

- ✎ 2-5

BEST PRACTICE BACKGROUND

Characteristics. Intellectual disability means significantly sub average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance. The term intellectual disability covers a broad spectrum of abilities and functional levels, ranging from developmentally delayed to "educable" and "trainable" intellectually disabled.



Challenges for the bus ride.

The degree to which transportation services must be modified for intellectually disabled children depends on factors such as independent functional level, ability to follow directions, ability to memorize and retain safety rules, and day-to-day age-appropriate self-help and adaptive behavior skills. Many children with an intellectual disability will be very successful riding on a bus.

Students with an intellectual disability may exhibit any of the following tendencies:

- May try to move around the bus.
- May initiate negative physical or verbal contact with other students, such as poking, slapping, teasing, name calling, tripping, etc.
- Particular "triggers" such as another noisy student easily provoke some students.
- Some teenagers with intellectual disability may have a hard time controlling physical affection and drivers should be sensitive and cautious if such a situation arises.

Strategies. Consistency and routine are crucial in relating to students with intellectual disability. Change is upsetting to many children with this disability.

- Children with an intellectual disability enjoy interacting with adults who relate to them in a sincerely caring

UNIT 2.6 CORE CONTENT *Intellectual disability*

fashion.

- Drivers and aides should speak softly and firmly, be friendly and give short, simple directions. It is difficult for students to conform to what is expected if they are unable to comprehend what is being asked of them. Expectations should be directly related to the students' functional ability.
- Drivers and aides should look for patterns in what "sets off" a child, so provocative situations can be avoided.

It is a good idea for drivers and aides to work closely with teachers and other school for ideas about how to transport this population.

Instructional Strategies

Discussion questions

- ✓ *What problems can occur when transporting children with an intellectual disability?*

Overhead transparencies

- ✓ *Overhead 2-6: "Intellectual disability"*

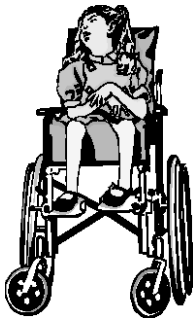
Workbook

- ✎ 2-6

BEST PRACTICE BACKGROUND

Characteristics. Multiple disabilities means a child exhibits two or more impairments simultaneously (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which requires schools to attend to specific educational needs that cannot be accommodated in special education programs solely for one of the impairments.

The term does not include deaf-blindness, which is considered a separate disability (see Core Content 2.4).



Challenges for the bus ride.

The combination of two or more disabilities can amplify the effects of each on a child, creating significant challenges for safe transportation.

- Some students with multiple disabilities have limited abilities to communicate with others and may get bored easily on the bus, or can exhibit frustration, anger, or impatience.
- Negative behavior can result from children trying to fill the time up with interaction of some kind even if it is negative.
- In addition, students with multiple disabilities may also have medical problems requiring special knowledge and skills. (Note: see Unit

2.13, “Medically Fragile Children,” for more information on this topic.)

Strategies. Transporting students with multiple disabilities requires careful preparation.

- Children with multiple disabilities and medical problems should be closely monitored during the bus ride.
 - Students who can’t communicate in other ways may use body language, eye contact and other non-verbal cues to get a message across. Drivers and aides should try to learn each child’s unique “language.”
 - Giving the student positive attention may side track negative behaviors and make the ride more pleasant for the child.
 - Because of the diversity and range of severity among this
- population, it is essential that drivers and aides are made aware of the individual needs of the students they are transporting.
- Drivers and aides may need information and skills regarding alternative communication systems, special equipment management, student positioning and behavior management techniques for each child with multiple disabilities they transport. The child’s physical and/or occupational therapist can be an excellent source of specific information and assistance about a child.

UNIT 2.7 CORE CONTENT

Multiple disabilities

Instructional Strategies

Discussion questions

- ✓ *How can drivers and aides learn more about the specific needs of a child with multiple disabilities?*

Overhead transparencies

- ✓ *Overhead 2-7: “Multiple Disabilities”*

Workbook

- ✎ *2-7*

BEST PRACTICE BACKGROUND

Characteristics. Specific learning disability is a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. A



learning disability may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculation. Specific conditions include:

- Perceptual disabilities;
- Brain injury;
- Minimal brain dysfunction;
- Dyslexia; or
- Developmental aphasia.

The term learning disability does not include children who have learning problems that are primarily the result of visual, hearing, or motor disabilities; intellectual disability; emotional disturbance; or environmental, cultural or economic disadvantage.

Challenges for the bus ride.

Students with learning disabilities rarely require special transportation arrangements.

- Following directions may be a problem for some of these students when riding the bus.
- Because these children usually do not look or act different from any other child, their special needs are

not obvious and easily ignored.

- It is important to remember that a student with a learning disability may have a problem using or understanding language.
- Some of these students may act out in an attempt to disguise learning deficits, preferring to be considered “bad” instead of “unable.”

Strategies. Behavior problems occurring with students with learning disabilities should be addressed in the same consistent manner as with other students.

- Establishing a trusting and respectful relationship with children enables drivers to help them make better choices about behavior on the bus.
- Driver sensitivity and early

UNIT 2.8 CORE CONTENT

Specific learning disability

intervention in a developing dispute may help a child “save face” and defuse a potential behavior problem.

- Students with learning disabilities may require patience and understanding with respect to following oral directions. Drivers should speak to children with learning disabilities in a clear, simple manner.
- Children with learning disabilities may feel peer pressure and embarrassed to receive special services and ride the “special ed bus.”

Instructional Strategies

Discussion questions

- ✓ *What kinds of behavior problems can occur when transporting children with learning disabilities?*

Overhead transparencies

- ✓ *Overhead 2-8: “Specific Learning Disability”*

Workbook

- ✎ 2-8

BEST PRACTICE BACKGROUND

Characteristics. Speech or language impairment is a communication disorder, such as stuttering, impaired articulation, language impairment, or a voice impairment, that



pictures, hand signals, modeling behavior, etc.

- Sometimes, a child with a speech

UNIT 2.9 CORE CONTENT

Speech or language impairment

down over there” but actually sits in a different area.

- Speech and language problems may sometimes be the result of a hearing impairment, so drivers and aides should be prepared to communicate as they would with a hearing impaired child.

adversely affects a child's educational performance.

Challenges for the bus ride.

Children with speech or language impairments may receive early intervention services and require transportation because of their age. This student population rarely requires special transportation services other than by reason of their age.

Strategies.

- Children with speech and language problems may be targets of harassment, jokes, etc. Drivers and bus aides should intervene when necessary.
- To improve the ability to decipher what is being said, drivers and bus aides should try to learn each child's own unique patterns of speech.
- To improve communication with speech or language impaired students, drivers and bus aides may need to utilize similar communication techniques as they would with children who are deaf or hearing-impaired. For instance,

or language impairment may inadvertently “say one thing and do another,” for instance, “I’m going to sit

Instructional Strategies

Discussion questions

- ✓ *How can a driver discourage other students from making fun of a child with a speech impairment?*

Overhead transparencies

- ✓ *Overhead 2-9: “Speech or Language Impairment”*

Workbook

- ✍ 2-9

BEST PRACTICE BACKGROUND

Characteristics. Traumatic brain injury is an acquired injury to the brain caused by an external physical force such as an accident, resulting in total or partial functional disability or psychosocial impairment, or both, adversely affecting a child's educational performance.



Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas of mental function, such as:

- Cognition;
- Language and speech;
- Memory;
- Attention;
- Reasoning;
- Abstract thinking;
- Judgment;
- Problem-solving;
- Sensory, perceptual, and motor abilities;
- Psychosocial behavior;
- Physical functions; and
- Information processing.

The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

Brain injuries are extremely individualized. Generalizations are of limited use - each child's problems are unique.

Challenges for the bus ride.

Students with traumatic brain injuries often require very specialized transportation planning because of limited physical, behavioral or intellectual abilities.

Because students who have suffered traumatic brain injury were not born with their disability they may demonstrate frustration and anger in coming to grips with such a profound change in their physical, behavioral, or intellectual abilities.

Strategies.

- Patience and compassion are essential when relating to

UNIT 2.10 CORE CONTENT *Traumatic brain injury*

children with traumatic brain injuries.

- Some brain-injured individuals have limited ability to communicate verbally. Drivers and aides should try to discern each child's unique way of communicating or "language," including non-verbal messages such as gestures, expressions, etc.
- Rehabilitation personnel in the school – occupational and physical therapists – can be excellent sources of specific information about the physical capabilities of brain-injured children.

Instructional Strategies

Discussion questions

- ✓ *Why are brain injury victims sometimes subject to frustration or anger?*

Overhead transparencies

- ✓ *Overhead 2-10: "Traumatic Brain Injury"*

Workbook

- ✎ *2-10*

BEST PRACTICE BACKGROUND

Characteristics. Other health impairment means having limited strength, vitality or alertness, including a heightened sensitivity to environmental stimuli, adversely affecting a child's educational performance, due to chronic or acute health problems including:

- Asthma;
- Diabetes;
- Epilepsy;
- A heart condition;
- Hemophilia;
- Lead poisoning;
- Leukemia;
- Nephritis;
- Rheumatic fever; and
- Sickle cell anemia.

Challenges for the bus ride.

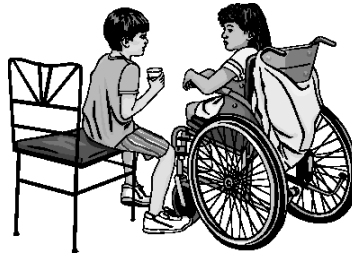
Depending upon their individual needs, children with health impairments can often be transported with their non-disabled peers.

This definition encompasses a wide range of disabilities, including children who have limited strength but who otherwise appear no different from their non-disabled peers. Some children have health problems so severe they are considered medically fragile. Some of the health conditions covered can lead to potentially life-threatening emergencies on a bus. (Note: medically fragile conditions are addressed in Core Content 2.13)

Strategies. It's essential that transporters know about each student's specific health problem and how it may be manifested on the school bus. Examples of the

importance of information include:

- Children with asthma may use inhalers; poor air quality (exhaust, smoke, dust) can bring on an attack. Children with respiratory problems should be seated away from bus doors and open windows.
- A student with hemophilia may require priority seating to reduce the chance of dangerous bleeding.



- For students with seizure disorders or epilepsy, careful seat assignment with consideration of light and temperature control may be necessary to prevent a seizure.
- For a student with diabetes, the ability of driver and aide to recognize atypical

UNIT 2.11 CORE CONTENT *Other health impairments*

behaviors indicating high or low blood sugar levels is important. Something as simple as keeping glucose tablets on the bus may be the only accommodation required.

- Drivers must take into account a child's health impairments when creating an emergency plan for their bus.
- Driver must be familiar with the administration of any medicine students may need to take on the bus.
- Children with health problems must be carefully monitored during the ride.

Special education personnel, occupational and physical therapists, and nurses can provide valuable information and assistance about transporting children with health impairments.

Instructional Strategies

Discussion questions

- ✓ *Why must children with health impairments be carefully monitored during the bus ride?*

Overhead transparencies

- ✓ *Overhead 2-11: "Other Health Impaired"*

Workbook

- ✎ *2-11*

BEST PRACTICE BACKGROUND

Characteristics. Orthopedic impairment that adversely impacts educational performance may include disabilities caused by congenital anomaly (e.g., club foot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, accidents, amputations, and fractures or burns that cause contractures).



Challenges for the bus ride. Students with orthopedic impairments require varying degrees of specialized services. Students may require any of the following:

- Specialized seating
- Physical assistance
- Specialized adaptive equipment such as wheelchairs, walkers, etc.

Children with orthopedic impairments are diverse; some are capable of considerable independence when boarding and riding a bus, while others need extensive assistance. Some have limited use of their legs; quadriplegics have restricted use of all limbs.

Safety in student handling and loading and securement of adaptive equipment are essential skills for drivers and aides. Wheelchair securement systems can be complicated and cumbersome to use. (Note: Unit 6 covers this topic in depth).

Passengers transported in wheelchairs are generally more susceptible to injury and great diligence is required of drivers and aides. Some children with orthopedic disabilities have limited control of their upper torso and limbs and cannot protect themselves readily if the chair tips or they slide out of the chair. Even a sharp turn or a bump in the road taken too fast could injure a child with orthopedic impairment during the ride.

Emergency evacuation concerns for buses transporting children with orthopedic disabilities must be taken seriously. Each route transporting children in wheelchairs should have an up-to-date written evacuation plan in place. (Note: Unit 7 addresses emergency evacuation and planning in greater depth.)

Like other children, students with physical disabilities can be victims of peer pressure. Their need to “be like other kids” runs deep and can occasionally lead to poor choices or behavior problems.

UNIT 2.12 CORE CONTENT *Orthopedic impairment*

Strategies. Driver and aide should avoid passing judgment, feeling pity, or overly compensating for these students. Few are helpless and independence is a goal. Ultimately, ensuring their safety and establishing a positive human relationship with these students is most important.

- Drivers and aides transporting children in wheelchairs must become very familiar with lifts and securement systems. (See Unit 5)
- Occupational and physical therapists and nurses are valuable resources for serving children with orthopedic impairment.
- Drivers and aides need to ask for help and advice when transporting a new or unfamiliar wheelchair or other adaptive equipment.

Instructional Strategies

Discussion questions

- ✓ *Why should drivers avoid treating students with orthopedic impairments as helpless?*

Overhead transparencies

- ✓ *Overhead 2-12: “Orthopedic Impairment”*

Workbook

- ✎ *2-12*

BEST PRACTICE BACKGROUND

Characteristics. A medically fragile child is one whose health problems are potentially life threatening or who is dependent on medical equipment. In recent years, courts have held schools increasingly responsible to serve such children. (Note: Under IDEA, children who are medically fragile are not considered a separate disability category but are included under “Other Health Impairments.”) Each child is unique and may require specialized training for driver and aide, but typical medical conditions include:

Respiratory difficulties must be closely monitored for signs of oxygen deprivation, such as blue lips, nails or ear lobes; agitation, anxiety or panic; confusion, dizziness or headache; rapid pulse; or shortness of breath.

Tracheostomy (or “trach”) is a surgical opening (“stoma”) into the trachea, or windpipe, to permit breathing.

Gastrostomy is a surgical opening through which food and fluids are passed to the student’s digestive system by a tube.

Colostomies and Ileostomies are surgical openings in the intestines, used to drain its contents into an attached bag.

Nasogastric tube is a feeding tube passing from a nostril, through the throat.

Urostomy is a surgical opening to drain urine into a bag.

Do Not Resuscitate orders (“DNRs”) are documents prohibiting medical personnel from administering life-saving measures in an emergency. Drivers should be aware of their school’s policy about how to handle a DNR.

Medical equipment drivers may encounter include:

Ventilators, nebulizers, and suction machines may be used to assist children with breathing difficulties. They should be secured near the student.

Oxygen cylinders must be secured in an upright position on the bus, below window height and away from heat sources.

Transporting a child’s medication should only be undertaken if authorized by school policy and chain of custody is clearly documented (e.g., sign-off sheet).

Strategies. Working with children who are medically fragile can be challenging - but also gratifying.

- Some children may have a 1:1 aide or nurse.
- Children who are medically fragile must be closely

UNIT 2.13 CORE CONTENT *Medically fragile children*

monitored during the bus ride for choking, gagging, color changes, nausea, vomiting, seizures, unconsciousness, etc.

- An emergency plan must be in place, specifying exactly what actions the bus driver should take when a medical emergency occurs.
- Oxygen lines and feeding or drain tubes must be checked to make sure they are not pinched or pulled loose by seat belts, wheelchair securement straps, etc.

Communication with school staff is critical – any unusual symptom observed in a child must be reported at once. School nurses and occupational and physical therapists are good sources of information.

Instructional Strategies

Discussion questions

- ✓ *Why is it important to monitor children who are medically fragile during the bus ride?*

Overhead transparencies

- ✓ *Overhead 2-13: “Medically Fragile Children”*

Workbook

- ✎ 2-13

Additional resources

- ✓ *See “Transporting Medically Fragile or Technology-Assisted Students,” by Ray Turner, 2000 (White Buffalo Press, San Antonio, Texas)*

BEST PRACTICE BACKGROUNDER

Characteristics. Many transportation issues are raised when preschool age children receive services.

Challenges for the bus ride. Compounded by their disability, very young children's limited cognitive, motor, and perceptual development, and small physical stature, makes the bus ride a real test of a driver's skills and patience.



Strategies. Transporting very young children with disabilities requires thorough planning and careful attention to detail.

- **Seating.** Although school buses are designed to protect children between high, cushioned seats, "compartmentalization" isn't adequate for very young children: they're too small.
- **Child restraint.** According to the National Highway Traffic Safety Administration, a seat belt is insufficient for preschoolers weighing less than 50 pounds – they must be in a safety seat or other Child Safety Restraint System (CSRS), and the safety seat must be secured by a federally approved seat belt.
- **Front or middle loading.** Whenever possible, very young children should be seated away from the rear of a school bus – preferably between the front and rear axles. This zone provides a smoother ride and is also safer in most collisions.

UNIT 2.14 CORE CONTENT

Preschoolers with special needs

- **Manufacturer's design.** Manufacturers design safety seats based on children's age and/or weight. An age and weight appropriate safety seat must be used for every preschool child on a bus.
 - a bus seat, and one per seat is preferable. Safety seats in a bus involved in a crash should be discarded.
- **Safety seat use.** Securing safety seats into a school bus is not easy. School bus seats are firmer and more closely spaced than passenger cars. Manufacturer's directions (i.e., for threading the lap belt through the safety seat frame, etc.) must be followed "to the letter." No more than two safety seats can be installed in
- **Evacuation concerns.** Drivers transporting young children with disabilities must have a written, up-to-date evacuation plan in place. The prospect of a fire on a bus with young children in safety seats is frightening.

Instructional Strategies

Discussion questions

- ✓ *How do very young children with disabilities represent a special challenge on a bus?*

Overhead transparencies

- ✓ *Overhead 2-14: "Preschoolers with Special Needs"*

Workbook

- ✍ 2-14

Additional resources

- ✓ *See National Highway Traffic Safety Administration's "Guideline for the Safe Transportation of Pre-school Age Children in School Buses," (February, 1999)*

BEST PRACTICE BACKGROUND

The importance of a professional review. Because this unit has covered so much material, some of it is probably unfamiliar or even upsetting to drivers in the class; therefore, a highly organized review is essential.

The unit examined 13 categories of children with special needs:

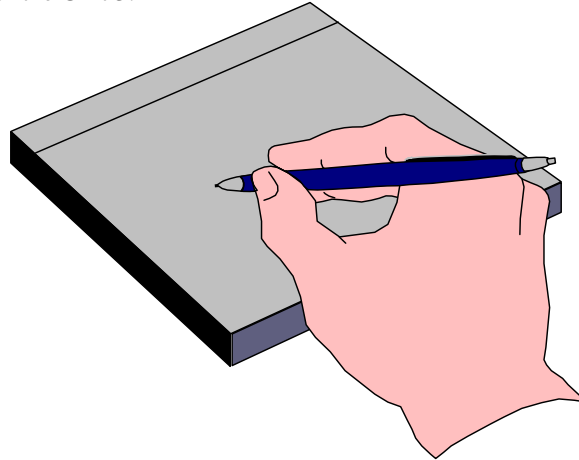
1. Attention deficit disorder;
2. Autism;
3. Hearing and visual impairments;
4. Emotional disturbance;
5. Intellectual disability;
6. Multiple disabilities;
7. Specific learning disability;
8. Speech or language impairment;
9. Traumatic brain injury;
10. Orthopedic impairment;
11. Other health impairments;
12. Medically fragile children; and
13. Preschoolers with special needs.

Refer drivers to the appropriate sections of their Driver Workbook and lead the class in a brief oral review of each type of special need covered in the unit. Take care that every driver understands basic characteristics and specific challenges posed by each type of special need. Strongly encourage drivers to ask questions.

Use the unit's four objectives to assess how well drivers comprehended the material.

Correct confusion or misinformation as it arises.

Use the Review Questions in the Driver Workbook as a quiz, as "homework," or as a more formal oral review prior to the start of the Unit 3.



UNIT 2.15 CORE CONTENT *Unit 2 review*

Instructional Strategies

Review questions

- ✓ *Why is it important to treat children with disabilities as individuals?*
- ✓ *What are the basic characteristics of each disability?*
- ✓ *What special challenge does each type of disability present on a bus?*
- ✓ *What's the best strategy for safely transporting each type of child?*

Overhead transparencies

- ✓ *Overhead 2-15: "Review"*

Workbook

- ✎ 2.15